

9011-34-18

TDD No. 9011-34  
Site Name: PAUL S. Hershey SubstationORIGINAL  
(Red)SITE SAFETY FOLLOW UP REPORTActual Date of Work: Dec. 20, 1990

Actual Site Investigation Team:

NUS Personnel:

Morris Perot  
Ron Brisbane  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Responsibilities:

SITL  
SSO  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other:

Walter M. Novitsky  
John Lesh  
Gordon Winn  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purpose:

Site escort  
 " "  
 " "  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Team Leader:

Prepared by:

Reviewed by:

Approved by:

Morris Perot  
Maria Perot  
Bill Barnes  
[Signature]

Date

12-21-90  
12-21-90  
1/7/91  
1/7/91

# Personal Protective Equipment

	Safety Plan Requirements		Level Used	If Deviations, explain
Activity: <u>Site Recm</u> _____ _____	Respiratory Protection	<u>D</u>	<u>D</u>	
	Field Dress	<u>C</u>	<u>C</u>	
Activity: _____ _____ _____	Respiratory Protection			
	Field Dress			
Activity: _____ _____ _____	Respiratory Protection			
	Field Dress			
Activity: _____ _____ _____	Respiratory Protection			
	Field Dress			
Activity: _____ _____ _____	Respiratory Protection			
	Field Dress			

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MONITORING EQUIPMENT

a. HNU

- Background reading 0.02 ppm
- Readings above background mp 12-21-90 N/A none
- Location of high readings \_\_\_\_\_
- What action was taken? \_\_\_\_\_

b. Radiation

- Readings above background? \_\_\_\_\_ Yes ☒ No
- If yes, specify where readings were found and what action was taken.  
\_\_\_\_\_  
\_\_\_\_\_

c. Heat Stress/ Cold Stress N/A

Was heat stress or cold stress monitoring performed?

\_\_\_\_\_ Yes ☒ No mp 12-21-90

Was a monitoring/break schedule followed?

\_\_\_\_\_ Yes ☒ No mp 12-21-90

If monitoring was not performed, or the monitoring/break schedule was not followed, please explain.

\_\_\_\_\_  
\_\_\_\_\_

d. Other Monitoring Instruments N/A

\_\_\_\_\_ Draeger Tube and Pump (specify tube) \_\_\_\_\_

What readings were found and what action was taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Explosimeter/O<sub>2</sub> meter \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Air Sampling

What air sampling equipment was used? \_\_\_\_\_

\_\_\_\_\_

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GENERAL SAFETY

a. Were any safety problems encountered while on site? NO

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Confined Space Entry

(Confined space - a tank, vessel, silo, storage bin, hopper, vault, pit, diked area, abandoned building, manhole, or any other enclosed space with limited means of exit or entry that is not designed for continuous occupancy )

Did any team member enter a confined space area?

\_\_\_\_\_ Yes ✓ No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Accident Report Information

a. Did any team member report:	Yes	No
• Chemical Exposure	_____	<u>✓</u>
• Illness, discomfort, or unusual symptoms	_____	<u>✓</u>
• Environmental Problems (heat, cold, etc.)	_____	<u>✓</u>

b. Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Was an Employee Exposure/Injury N/A

Incident Report completed? \_\_\_\_\_ Yes ✓ No

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Safety Plan Evaluation

a. Were there any deviations from the Safety Plan? ☐ Yes ☒ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Was the Safety Plan adequate? ☒ Yes ☐ No

c. What changes would you recommend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The media used for sampling included:

N/A

- ☐ Filters (type \_\_\_\_\_)
- ☐ Charcoal Tubes/Silica Gel Tubes
- ☐ Impingers (Liquid Media \_\_\_\_\_)
- ☐ Other Media

The air samples taken were ☐ environmental  
☐ personal

The following team members wore personal sampling pumps.

	Team member	Location of media
1.		
2.		
3.		
4.		
5.		
6.		